

the dilemmas and debating the issues with care.

Like Kuhse and Singer I believe that these decisions are best left to doctors and parents using appropriate consultations and counselling, with the courts being used only as a last resort to resolve serious disagreements or where there have been abuses of trust. To involve the State in sanctioning legal killing might erode much of this trust, even if such a law might protect doctors from accusations of murder. Absolute certainty in prognosis is impossible. With modern skills and technology we now err on the side of 'wrongful life'. Doctors, parents and society would need to be confident that such a law would not tip the balance towards 'wrongful death'. What parents and doctors need from society is not necessarily a new law but more compassion for the afflicted infant, more understanding for the family and considerable latitude for doctors in working out these dilemmas in the best interests of the infant and family. It would indeed be ironic if a Limitation of Treatment Bill were to become necessary because legislation like 'Baby Doe' or the efforts of 'pro-life' activists were seen to be increasing the suffering of infants and the harm done to families.

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References

- (1) Morison R S. Death: Process or Event? *Science* 1971; 173: 694-698.
- (2) Brahams D, Brahams M. The Arthur case - a proposal for legislation. *Journal of medical ethics* 1983; 9: 12-15.

High Technology Medicine, Benefits and Burdens

Bryan Jennett, 245 pages, London, £8 including p&p, The Nuffield Provincial Hospitals Trust, 1984.

One of the delights about Jennett's writings is how readable they are. In the literature on high technology that is not a trivial point since this important area of medicine seems to be increasingly surrounded by largely indigestible papers, proceedings and books. The language of high technology medicine is often a little baffling; that of technology assessment frequently beyond

comprehension.

Certainly if the desirability of more and better technology assessment, the central theme of Jennett's book, is to be recognised by politicians, public and medical pundits then communicating the essential ingredients of the process is required. That is what Jennett succeeds in doing in this book.

He takes us through the relationship, between technology and medicine, including some well presented practical examples. He examines various attitudes to technology. In the core of the book he considers the 'benefits and burdens' of technology in health care and what has been and what can be done to manage technology.

On his very first page, he gets off to a good start when he defines technology as 'the use of tools'. How refreshing this is in comparison to so many other definitions currently promulgated by various different, apparently authoritative, bodies.

He is also ready to point the finger when and where he believes it is necessary. 'For many doctors conspicuous private consumption (for example a Rolls Royce) has been replaced as a status symbol by conspicuous public consumption' (p27). Many observers of health care have been saying something the same (but not as eloquently - and not as tellingly as when it comes from the dean of a medical faculty).

Central to his view is the need to get the balance right between benefits and burdens. He writes in a passage which sums up the book:

'There is seldom a clear dichotomy between the useful and the useless. More often it is a matter of relative worth, weighting the benefits, risks, and costs for individual patients, and taking account of how many in the community stand to benefit and what opportunities of bringing benefit to other patients would be forgone (p 230)'.

For those concerned with the ethics of technology assessment a comment in the middle of the book (p 132) brings out clearly the opportunity cost and indeed senselessness of not assessing technology.

'Granted that some technologies are of acknowledged benefit it is surprising how wide are the variations in their availability and use, even in different parts of Britain where there is a unified system for providing health care. . . This patchy and piecemeal adoption of effective technical innovations should

be a source of embarrassment to the profession and to the health service.' Such disparities across the country cannot be considered ethical.

He goes on to suggest that there are five main reasons why the deployment of high technology can be inappropriate. It may be (i) unnecessary; (ii) unsuccessful; (iii) unsafe; (iv) unkind; or (v) unwise (pp 133/4). All of these, interestingly, are also unethical in that inappropriate use of technology leads to less health than could be provided with the resources available.

Jennett is optimistic about the future of technology and its assessment, particularly as he believes that the traditional ethics of individualism in medicine is being eroded, partly as a result of the deployment of more technology. This is crucial to his analysis as one can only agree when he writes that 'rationalising the use of technology will be dependent on breaking through the barrier of clinical freedom behind which doctors are so fond of hiding'.

I have to wonder if his optimism on this issue is justified. Certainly his writing of such a book increases the probability that it is.

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Social Controls and the Medical Profession

Judith P Swazey and Stephen R Scher, editors, 268 pages, Boston, Mass, £27.50, Oelgeschlager, Gunn & Hain, Publishers Inc, 1985

This study is about professional standards and competence in medical practice, but it extends its discussion to fraudulent practices in scientific research, makes reference to other professions such as law and divinity, and includes some discussion of wider ethical issues. It is the result of collaboration between seventeen people representing various disciplines and professions. Amongst them were physicians and surgeons, psychiatrists, a minister of religion, a philosopher, sociologists, an historian of medicine and a lawyer. The project was supported by the National Science Foundation and the National Endowment for the Humanities of the USA. The participants held eleven inter-related conferences between 1980 and 1982, with Dr Judith Swazey as director.

It is a remarkable achievement in organisation, but perhaps not unexpected in the American situation.

The book is in two parts. The first considers some general themes on professions, what they are and are not, and how they are controlled. The second part examines issues of competence and impairment in the medical profession. The whole has the advantage of engaging in inter-disciplinary discussions and having cross-professional references.

Two-thirds of the book considers what a 'good doctor' is and what factors render a person inadequate for the profession. It is clear that it is easier to define deficiencies than to identify what is an acceptable norm. The United Kingdom Department of Health and Social Security (DHSS) published a paper on this subject on 22nd April, 1986 (1); the authors would have done well to heed the words of Professor C B Chapman, in chapter 6, where he argues 'the production of the Good Doctor is, in important measure, in the hands of the planners of curricula, both pre-medical and pre-clinical' (p 104). However, much of the discussion centres on the effects of impairment of various types of physician traits relating to competence; the list is depressingly long. Clearly, members of the medical profession are under considerable risk, much more so than members of other professions. The discussion focuses on social control defined as, firstly, the capacity for a person, or a group, to regulate himself, or

itself and, secondly, the measures a society uses to influence, regulate or discipline members. Professor Ruddick, a philosopher, examines the ways in which medical people shield a deviant and protect him (more often than 'her') and he refers to another contribution, by Dr Carol Morrow, a sociologist, who writes on the medicalisation of professional self-governance, which indicates some disjunction between medical self-governance and public concern and support for the profession. The nub of the problem is the tendency *not* to make moral judgements, but rather to make clinical assessments; to point to stress, drink, drugs etc affecting poor practitioners rather than their incompetence. Deviance becomes a sign of sickness and needs to be treated – it is 'no longer an indicator of an evil that needs to be punished' (p 43).

Now all this raises a more general topic which is touched on in the first part by Professor John Ladd, a philosopher, but it needs to be developed. The professions of medicine and medical research are carried out by people who seldom, if ever, examine the ideological assumptions in accordance with which they make decisions. Ours is a utilitarian and individualistic culture, sociological enquiries notwithstanding. This may be seen particularly in artificial reproduction where, if there appears to be a need (and it is difficult sometimes to distinguish need from want) and also technical means to meet

that need, then it is felt it should be provided. Thus physicians provide Artificial Insemination by Donor (AID), and presumably are willing to make use of donated ova as well as semen, to help childless couples, regardless of the *social* implications and risks, and to do so in conditions which promote secrecy, deceit and even perjury. The treatment of a healthy woman for the infertility of her husband is not treating a diseased patient. Similarly, this individualistic outlook may affect the way social control operates in respect of the deviant practitioner, as Dr Morrow indicates when she says: 'Impaired physician programs do not commonly prescribe treatment for the organisation of medical work, ie do not attempt to alter workloads or otherwise ameliorate structural sources of stress in medical training and practice; and later, 'The individualisation of physician deviance shifts the focus of attention and rehabilitative resources away from the social structure of medical practice and training . . . toward the presumably idiosyncratic problems of the individual' (pp 171–172). There is much more to explore in this field of discussion, but this is a good beginning.

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References

- (1) *The Daily Telegraph* 1986 Apr 23.